

CHAPTER 5
ILLUSTRATED FORMS

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CITY/TOWN COURT CASH BOOK

Prescribed by State Board of Accounts

RECEIPTS																				
	Date		Receipt or Check Number	Fee Book		Case Number	From Whom Received or to Whom Paid	Total Cash Received		Court Costs			State Fines and Forfeitures	Infraction Judgments	Overweight Vehicle Fines	City/Town Fines	Document Fees	Record Perpetuation Fees	Local User Fees	
	Mo.	Day		No.	Page					State	County	City/Town								
							AMOUNT BROUGHT FORWARD													
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CITY/TOWN COURT OF _____

DISBURSEMENTS

	State User Fees		Safe Schools Fees	Highway Work Zone Fees	Family Violence Fees	Cash Bonds	Administrative Fees	Special Death Benefit Fees	Marijuana Eradication Fees	Jury Fees	Other Fees	Trust Funds	Total Disbursements	Fees Paid to State	Fees Paid to City/Town	Fees Paid to County	Cash Bonds	Other Fees	Trust Funds	
	Due State	Due County																		
1																				1
2																				2
3																				3
4																				4
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[illegible]

By _____ (Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

**REPORT TO COUNTY AUDITOR OF FINES AND FEES
COLLECTED IN CITY/TOWN COURT**

To the Auditor of _____, County, Indiana

I, _____, (Judge) (Clerk) of _____
City/Town Court, hereby certify that I have collected the following amounts of fines and forfeitures
payable to the county:

For the month ending _____, _____

Itemization	Collections This Period		Prior Collections		Year to Date Collections	
State Fines and Forfeitures						
Infraction Judgments						
Overweight Vehicle Fines						
State User Fees (75%) - County Drug Free Community Fund						
Marijuana Eradication Fees						
Jury Fees						
TOTAL AMOUNT COLLECTED						

Dated _____, _____

(Judge) (Clerk) _____ City/Town Court

NOTE - Mail To:

_____ County Auditor

(Make check payable to _____ County Treasurer)

Date: _____

TO: Fiscal Officer of _____

I hereby certify that the following fines, costs and fees represent the total collections due on this date.

	<u>Judge/Clerk of Court</u>		
<u>Items</u>	<u>Collections This Period</u>	<u>Prior Collections</u>	<u>Year to Date Collections</u>
<u>Due Fiscal Officer</u>			
Court Costs:			
County.....	\$	\$	\$
City/Town.....	_____	_____	_____
City/Town Fines.....	_____	_____	_____
Document Fees.....	_____	_____	_____
Administrative Fees.....	_____	_____	_____
Facsimile Fees.....	_____	_____	_____
Document Storage Fees.....	_____	_____	_____
Late Payments Fees.....	_____	_____	_____
User Fees:			
Pretrial Diversion Program.....	_____	_____	_____
Alcohol and Drug Services Program.....	_____	_____	_____
Law Enforcement Continuing Education.....	_____	_____	_____
Deferral Program.....	_____	_____	_____
Other Items:			
TOTALS	\$	\$	\$

(Judge) (Clerk) of _____ City/Town Court

CITY/TOWN COURT DAILY/MONTHLY BALANCE RECORD

Date of Balance _____, 20____ Daily _____ Monthly _____

Form Prescribed by State Board of Accounts

City Town Form No. 219CT (Rev. 2001)

		Beginning Balance	Receipts During Period	Disbursements for Period	Ending Balance
	Payable to State:				
	Court Costs - 55%				
	State User Fees - 25%				
	Safe Schools Fees				
	Highway Work Zone Fees				
	Domestic Violence Fees				
	Automated Record Keeping Fees				
	Payable to Fiscal Officer:				
	Court Costs:				
	County - 20%				
	City/Town - 25%				
	City/Town Fines				
	Document Fees				
	Administrative Fees				
	Facsimile Fees				
	Document Storage Fees				
	Late Payment Fees				
	User Fees:				
	Pretrial Diversion Program				
	Alcohol and Drug Services Program				
	Law Enforcement Continuing Education				
	Deferral Program				
	Payable to County:				
	State Fines and Forfeitures				
	Infraction Judgments				
	Overweight Vehicle Fines				
	State User Fees - 75%				
	Special Death Benefit Fees				
	Marijuana Eradication Fees				
	Jury Fees				
	Cash Bonds				
	Other Fees				
	Trust Funds				
	Totals				

CASH RECONCILEMENT

_____, 20____

	Name of Depository	Depository Balance at Beginning of Period	Deposits	Checks Issued	Depository Balance at Close of Period
	Bank				
	Bank				
	Investments				
	Totals				
	Add Cash on Hand at End of Period	x	x	x	x
	Plus Cash Short or Minus Cash Long	x	x	x	x
	Total Cash Balance	x	x	x	x

FEE BOOK

1

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

REGISTER OF TRUST FUNDS

Form Prescribed by State Board of Accounts

General Form No. 102 (1959)

	DATE RECEIVED			RECEIPT NUMBER	FOR WHOM RECEIVED	CAUSE NUMBER	RECORD		AMOUNT RECEIVED	✓	DATE DISBURSED			CHECK NUMBER	AMOUNT DISBURSED	MEMORANDA
	MONTH	DAY	YEAR				DOCKET	PAGE			MONTH	DAY	YEAR			
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SAMPLE

PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 367 (1984)

CLERK'S REPORT TO AUDITOR
OF ADDITIONAL JUDGMENTS FOR EXCISE TAX

TO THE AUDITOR OF _____ COUNTY, INDIANA

COLLECTIONS FOR MONTH _____, ____

LAW ENFORCEMENT AGENCY	NO. OF CITATIONS ISSUED	AMOUNT COLLECTED
STATE POLICE		
COUNTY SHERIFF		
CITY OF _____ POLICE		
CITY OF _____ POLICE		
TOWN MARSHAL - TOWN OF _____		
TOTALS		\$

I SWEAR THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF ALL COSTS AND FEES BELONGING TO THE ABOVE AGENCIES AND DEPARTMENTS COLLECTED BY ME FOR THE PERIOD SHOWN.

STATE OF INDIANA _____ COUNTY, SS

IC 9-18-2-41 PROVIDES THAT THE CLERK OF THE COURT SHALL ON A CALENDAR YEAR BASIS TRANSFER ADDITIONAL JUDGMENTS COLLECTED UNDER IC 9-18-2-1 TO THE COUNTY AUDITOR WHO SHALL DISTRIBUTE THE FUNDS TO THE LAW ENFORCEMENT AGENCIES RESPONSIBLE FOR ISSUING CITATIONS. THE PERCENTAGE OF FUNDS DISTRIBUTED TO A LAW ENFORCEMENT AGENCY EQUALS THE TOTAL NUMBER OF CITATIONS ISSUED BY THE LAW ENFORCEMENT AGENCY. THE STATE BOARD OF ACCOUNTS RECOMMENDS MONTHLY FILING OF THIS FORM TO ELIMINATE THE NECESSITY OF CARRYING THESE ITEMS IN TRUST.

COURT_____
CLERK OF THE COURT

ATTORNEY GENERAL OF INDIANA

REPORT OF UNCLAIMED FUNDS AND ESCHEATED ESTATES DUE THE STATE

DATE PAID IN	FOR WHOM RECEIVED	RECORD	NO.	PAGE	AMOUNT
<p>This form to be used when reporting and paying to the Attorney General all unclaimed fees and funds ten or more years old and escheated estates.</p> <p>This form is to be prepared in triplicate. It is furnished by the office of Attorney General.</p>					

SAMPLE

MAKE THREE COPIES, ONE EACH FOR CLERK, ATTORNEY GENERAL, STATE AUDITOR

TOTAL